

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-042140

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10872

STATE FILE NUMBER

FILED NOV 15 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN ST. LOUIS, MISSOURI

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION BARNES HOSPITAL

Inside Limits  
Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Pike

c. CITY  
OR  
TOWN

Bowling Green

(If outside, give location)

204 So. Main Cross

Inside Limits

Yes ☐ No ☐

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

ROBERT

Middle

G.

Last

TUCKER

## 4. DATE OF DEATH

Month

November

Day

1

Year

1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married

☒ Never Married ☐

## 8. DATE OF BIRTH

7-7-1914

## 9. AGE (last birthday)

49

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Trucker

## 11. BIRTHPLACE (City and state or country)

Lincoln Co., Missouri

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

H.E. Tucker

## 13b. MOTHER'S MAIDEN NAME

Ida Mae Gibson

## 14. NAME OF HUSBAND OR WIFE

Genevieve Tucker

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Genevieve Tucker, Bowling Green, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Rupture of aorta

INTERVAL BETWEEN  
ONSET AND DEATH  
24 hours

#### DUE TO (b)

Carcinoma of esophagus

7 mons.

#### DUE TO (c)

150X

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## 20b. SUICIDE

☐

## 20c. HOMICIDE

☐

## 20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20e. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

## 20f. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

## 20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20h. CITY, TOWN, OR LOCATION

## 20i. COUNTY

## 20j. STATE

## 21. I attended the deceased from

8/6/63

to 11/1/63

and last saw him alive on 11/1/63

## 21a. Death occurred at

7:45 a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22. SIGNATURE

*E. O. Miller, M.D.*

## 22a. (Degree or title)

M.D.

## 22b. ADDRESS

BARNES HOSPITAL

## 22c. DATE SIGNED

11/1/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

11-03-1963

## 23c. NAME OF CEMETERY OR CREMATORY

Auburn Cemetery

## 23d. LOCATION (City, town, or county)

Auburn, Lincoln Co., Missouri

## 24. FUNERAL DIRECTOR

## 24a. ADDRESS

Harold Kirks, Bowling Green, Mo.

## 25. DATE RECD. BY LOCAL REG.

NOV 4 1963

## 26. REGISTRAR'S SIGNATURE

*Roan Smith, M.D.*

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300  
Rev. 4/59

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208216

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52-0

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NOV 19 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Harold Kirk*

Licensed Embalmer No. 4597

P. O. Address

*Bonnington, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.